

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p>		<p>A. Signature X <i>Laconey Landon</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>Alabama Medicaid Agency 501 Dexter Avenue Montgomery, AL 36103</p>		B. Received by (Printed Name)	C. Date of Delivery 7/27
		Every address different from item 1? <input type="checkbox"/> Yes If yes, enter delivery address below: <input type="checkbox"/> No <i>0600378</i> <i>SV C</i>	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article (Transit) 7005 1820 0002 3461 0089			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	